



## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Alfred Stirnemann

Serial No .:

10/621,476

Filed:

July 17, 2003

Title:

"METHOD AND APPARATUS FOR THE MEASUREMENT OF THE

**ACOUSTIC IMPEDANCE"** 

Docket No.:

35624

**LETTER** 

Mail Stop: Missing Parts Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

7

Applicant encloses herewith the required Declaration and Power of Attorney. A check for \$130.00 is enclosed to cover the late filing fee surcharge for the enclosed Declaration. Applicant has not yet received a Notice to File Missing Parts of Application.

If there are any further fees resulting from this communication not covered by the enclosed check, please charge the same to Deposit Account No. 16-0820, Order No. 35624.

Respectfully submitted,

PEARNE & GORDON LI

Michael W. Garvey, Reg. No. 35878

1801 East 9th Street **Suite 1200** Cleveland, Ohio 44114-3108 (216) 579-1700

Date: September 19, 2003

130.00

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop MISSING PARTS, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date indicated below.

Michael Name of Attorney 09/19/2003 Date Signature

09/24/2003 LNDNDIM1 00000004 10621476

P202402



## DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION

[] Submitted with Initial Filing	[X] Submitted after Initial Filing (Surcharge (37 CFR 1.16(e)) required)
Attorney Docket No.: 35624	Application Number: 10/621,476
First Named Inventor: Alfred Stirnemann	Filing Date: July 17, 2003
	Group Art Unit:
	Examiner Name:
As a below named inventor, I hereby declar	e that:
My residence, post office address, and citizenship a	re as stated below next to my name.
I believe I am the original, first and sole inventor original, first and joint inventor (if plural names are is claimed and for which a patent is sought on the in	listed below) of the subject matter which
"METHOD AND APPARATUS FOR THE ME IMPEDANC	
the specification of which (check only one item bel	ow)
[] is attached hereto,	
OR	
[x] was filed on (MM/DD/YYYY) July 17, 2000 or PCT International Application Number (MM/DD/YYYY) (if applicable).	
I hereby state that I have reviewed and understa	nd the contents of the above-identified

specification, including the claims, as amended by any amendment specifically referred to

above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d), or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Country	Prior Foreign <pre>Application Number(s)</pre>	Foreign Filing Date (MM/DD/YYYY)	Priority <u>Claimed?</u>
EP	03 005 040.5	6 March 2003	Yes

As a named inventor, I hereby appoint practitioners at Customer No. 000116 as my attorneys to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Address all correspondence to Customer Number 000116.

Please direct all correspondence and inquiries to Michael W. Garvey at (216) 579-1700.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

(1) Inventor Name (sole on joint): Alfred Stirnemann

Signature: /

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